

Date of Hearing: April 24, 2012

ASSEMBLY COMMITTEE ON VETERANS AFFAIRS

Paul J. Cook, Chair

AB 1976 (Logue) – As Amended: April 11, 2012

SUBJECT: Professions and vocations: licensure and certification requirements: military experience.

SUMMARY: Establishes the Veterans Health Care Workforce Act of 2012 and imposes specified requirements on healing arts boards within the Department of Consumer Affairs (DCA) and on the Department of Public Health (DPH) to facilitate the licensing or certification of veterans with appropriate health-care related education, training, or practical experience. Specifically, this bill:

- 1) Requires healing arts boards within DCA to, upon the presentation of satisfactory evidence by an applicant for licensure, accept the education, training, and practical experience completed by an applicant as a member of the United States (U.S.) Armed Forces or Military Reserves of the U.S., the national guard of any state, the military reserves of any state, or the naval militia of any state, toward the qualifications and requirements to receive a license issued by that board unless the board determines that the education, training, or practical experience is not substantially equivalent to the standards of the board.
- 2) Requires, by July 1, 2014, any DCA healing arts board that accredits or otherwise approves schools offering educational course credit for meeting licensing qualifications and requirements to require those schools seeking accreditation or approval to have procedures in place to fully accept an applicant's military education, training, and practical experience toward the completion of an educational program that would qualify a person to apply for licensure.
- 3) Requires each DCA healing arts board to determine whether it is necessary to adopt regulations to implement the above provisions. If a board determines it is necessary to adopt regulations, the board shall adopt those regulations not later than January 1, 2014.
- 4) If a board determines it is not necessary to adopt regulations, the board shall, not later than January 1, 2014, submit to the Governor and the Legislature a written report explaining why such regulations are not necessary. This provision becomes inoperative on January 1, 2017.
- 5) Requires the California Department of Veterans Affairs (CDVA) to provide technical assistance to DCA healing arts boards and the DCA director with respect to complying with the above requirements, including the determination of substantial equivalency between the education, training, or practical experience of an applicant and the board's standards, and obtaining state, federal, or private funds to support compliance with this bill's requirements.

- 6) Requires the DCA director to submit a written report to the Governor and the Legislature by January 1, 2016, on the progress of DCA healing arts boards toward compliance with this bill's provisions, as specified. This provision becomes inoperative on January 1, 2017.
- 7) Establishes identical provisions as outlined above for DPH, for applicants for licensure or certification in any of the following professions:
 - a) Medical Laboratory Technician (MLT);
 - b) Clinical Laboratory Scientist (CLS);
 - c) Radiologic Technologist (RT);
 - d) Nuclear Medicine Technologist (NMT);
 - e) Certified Nurse Assistant (CNA);
 - f) Certified Home Health Aide (HHA);
 - g) Certified Hemodialysis Technician (CHT); and,
 - h) Nursing Home Administrator (NHA).
- 8) States findings and declarations.

EXISTING LAW

- 1) Provides for the licensure and regulation of various healing arts professions by boards within DCA.
- 2) Requires the rules and regulations of these healing arts boards to provide for methods of evaluating education, training, and experience obtained in military service if such training is applicable to the requirements of the particular profession or vocation regulated by the board.
- 3) Authorizes DPH to license or certify a number of healing arts professionals.
- 4) Specifies that CDVA has specified powers and duties relating to various programs serving veterans.

FISCAL EFFECT: Unknown

COMMENTS: Purpose of this bill. According to the author, "In order to honor the service of our nation's returning heroes and address California's healthcare workforce needs, this bill would ensure that veterans with healthcare education, training, and practical experience are expedited into civilian employment as healthcare professionals."

"This bill would break down barriers facing returning veterans, by requiring state entities that license healthcare professionals to establish policies that recognize the education, training, and practical experience of a veteran applicant. It would also require these entities to work with the college programs they accredit to ensure that the colleges have procedures in place so that veteran applicants are not forced to retake classes they have already completed at a military institute, and so that veterans are able to quickly complete the additional coursework necessary for licensure."

Background. Current law requires DCA's healing arts boards to provide for methods of evaluating education, training, and experience obtained in military service if such training is applicable to the requirements of the particular profession or vocation regulated by the board. Although DPH is not subject to a similar statutory requirement, DPH reports having procedures in place to evaluate education, training, and experience obtained in military service for the professions of MLT, CLS, RT, NMT and CNA. There are currently no procedures in place for HHAs, CHTs, NHAs.

According to the Assembly Committee on Business & Professions:

DPH approves 120 schools for the purposes of training for CLS. The current procedure requires a laboratory scientist trainee license for any military applicant who needs further training to obtain a California CLS license. In issuing this trainee license, DPH has procedures in place to evaluate military training and experience of applicants. The schools accept the scientist trainee license as qualification to enter their program.

DPH approves 643 CNA training programs, 267 HHA training programs, and 498 Certified CHT training programs. DPH, not the schools, would approve training, education, and experience equivalency. DPH currently has procedures in place to evaluate military training, education, and experience for CNA applicants, but not for HHA or CHT applicants.

There are no school programs for NHAs seeking initial licensure. DPH does approve NHA courses for continuing education requirements after the individual is licensed. CDPH does not currently have procedures in place for evaluating military training, experience, or education for NHA applicants.

CDPH does not have statutory authority to approve NMT schools. The Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT) accredits these programs. JRCNMT is the only programmatic accrediting agency recognized to accredit NMT educational programs offered through traditional and distance education formats in the U.S. and its territories. The JRCNMT holds recognition from the Council for Higher Education Accreditation.

The Radiologic Health Branch (RHB) within DPH is responsible for the inspection of RT schools. However, the three branches of the military have programs for RTs and NMTs. These programs are accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT), a private accrediting organization recognized by the U.S. Department of Education for the accreditation of educational programs in the radiological sciences. The American Registry of Radiologic Technologists (ARRT) is a private certifying organization that accepts graduates from schools accredited by

JRCERT. A Radiologic Technologist or Nuclear Medicine Technologist completing the military's programs is qualified to take ARRT's examination. If a veteran takes and passes the ARRT's examination, the veteran can then apply to DPH-RHB to obtain the applicable authorization without taking the DPH examination, since they have already passed the ARRT's examination. The veteran is not required to attend an RHB-approved school since they completed the required training program in the military. Therefore, schools do not need to have a procedure to accept an already qualified veteran who participated in and passed a military RT or NMT program. This bill could apply if someone from the military, who had been attending a JRCERT accredited program, left service before completing the program. If he/she were to apply to finish his/her RT courses, all 41 schools have procedures in place to assess out of state, out of country, and military education received to identify what classes would be needed in order to graduate and become certified.

DPH has no record of any applicants for licensure or certification for any of the professions specified in the bill being denied because DPH did not accept the applicant's military education, training or practical experience toward the requirements for licensure or certification.

Similar, comprehensive information for DCA's health care boards was not available at the time this analysis was written. However, according to the Medical Board of California (MBC), the MBC does not accredit U.S. medical schools. The requirement is that applicants must be graduates of a medical school accredited by the Liaison Committee on Medical Education (LCME), which is the nationally recognized accrediting authority for medical education programs leading to the MD degree in U.S. and Canadian medical schools. The LCME is sponsored by the Association of American Medical Colleges and the American Medical Association.

DCA's boards and bureaus that would be affected by this bill include the Acupuncture Board, the Board of Behavioral Sciences, the Board of Occupational Therapy, the Board of Optometry, the Board of Pharmacy, the Board of Podiatric Medicine, the Board of Psychology, the Board of Registered Nursing, the Board of Vocational Nursing and Psychiatric Technicians, the Dental Board, the MBC, the Osteopathic Medical Board, the Physical Therapy Board, the Respiratory Care Board, the Speech-Language Pathology and Audiology Board, and the Veterinary Medical Board.

According to "U.S. Military and California Health Personnel: Select Comparisons," a 2008 report by the Center for the Health Professions at the University of California, San Francisco, "As California faces workforce shortages and geographic mal-distribution in many of the health care professions, policy makers are looking to expanding educational programs, rethinking practice models and improving recruitment and retention efforts among existing and new pools of workers. One potential pool of health care workers includes former military personnel returning from active duty or retiring with years available for service in the civilian labor force.

"Individuals with military training or experience in health care may be well-positioned to meet civilian health care needs upon their separation from service. Most of the military training is nationally accredited and/or of documented high quality, and a serviceperson retiring from military duty may still want to work for many years in the civilian sector. However, current

rules and regulations may present unnecessary challenges. To facilitate smooth transitions between military and civilian work, civilian policy makers and educators might want to explore better alignment of accreditation, certification and licensure standards."

Veterans of the United States Armed Forces and the National Guard gain invaluable education, training and practical experience through their military service. Yet, while the national unemployment rate is approximately 8.3% as of June 2011, one million veterans were unemployed nationally and the unemployment rate for post 9/11 veterans was 13.3% with young (18-24) male veterans experiencing an unemployment rate of 21.9 %.

Reducing barriers to unemployment for these veterans, particularly in light of their training and experience. President Obama and the United States Department of Veterans Affairs have multiple initiatives aimed at reducing veteran unemployment. The proposed policy of this bill is aligned with national policy.

Related legislation. AB 1932 (Cook) requires healing arts boards within DCA to issue a written report to CDVA detailing the methods of evaluating the education, training, and experience obtained in military service and whether that education, training, and experience is applicable to the boards' requirements for licensure, by January 1, 2014.

REGISTERED SUPPORT / OPPOSITION:

Support

California State Rural Health Association (sponsor)
American Legion – Department of California
AMVETS – Department of California
California Association of County Veterans Service Officers
California State Commanders Veterans Council
Vietnam Veterans of America – California State Council

Opposition

None on file.

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